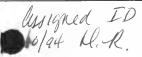
blata lentry 3/10/04 Del.



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91 SSA NO. 0248-EP-OT

Please refer to the Instructions for Filing Notification before

Phone Number (area code and number)

Notification of

Date Received (For Official Use Only)

completing this form. The information requested here is required by law (Section 3010 of the Resource Consumation and Recovery Ad).	WEF Uni	Red States Environ	egulate Acti	vity	1 1 1 1 1 1 1 1 1		
1. Installation's EPA ID Num	ber (Mark X in i	the appropriate L	oox)				
A. First Notification	B. Subsequent Notification (complete item C)			C. Installation's EPA ID Number			
11. Name of Installation (Incl.	ude company ar	nd specific site n	ame) M	0 100	1 B & (44335	
OVERHEA	phoo	Room	Pan	4 0 F	KSC	1; 1+ 1/1	
111. Location of installation (Physical addres:	s not P.O. Box or	Route Numb	erj			
Street			I I I				
218 []	1 1 4	AVCIN	ue				
Street (continued)		F T-I-I	FIFI	11	111		
				State 7			
City or Town					IP Code		
NORTH K	A N S A	5 C. <i> </i>	11 4	mol	c 4 1 1	6 - 10 5 1	
County Code County Name					T T		
0476247				1	45047	n	
IV. Installation Mailing Addr	ess (See Instruc	tions)			1304/		
Street or P.O. Box							
SAME					RCRA REC	ORDS	
City or Town				State /	Ir Coucies		
						-	
V. Installation Contact (Pers	son to be contac	ded regarding w	aste activities	at site)	7.50		
Name (last)			(first)				
FIETCHO	p		JER	O L	O T		
Job Title				nher (area	code and num	heri	
SAFETV	()		2/6	- 21 -	7 7 - 1	1366	
VI. Installation Confact Add		original)		17/		1265	
	et or P.O. Box	caons)					
A. Contact Address B. Chros							
A. Contact Address Location Mailing No. No.		T. I. I. I.					
Location Malting							
				State 2	IP Code		
City or Town				State 7	-		
Location Malting				State 7	-		
City or Town	(tions)			State 2	-		
City or Town VII. Ownership (See Instruc	(tions)	DP A MY	IN	State 7	-		
City or Town VII. Ownership (See Instruction's Lands)	egal Owner	D A MY	IN		-		
City or Town VII. Ownership (See Instruct A. Name of Installation's Li	egal Owner	D A MY	IN		IP Code		
City or Town VII. Ownership (See Instruct A. Name of Installation's Light PAC Construct Street, P.O. Box, or Roule	egal Owner	IP A MY	IN	c	IP Code		
City or Town VII. Ownership (See Instruction A. Name of Installation's L. D. H. P. A. C. C. Street, P.O. Box, or Route / / 4 2 C 4	egal Owner	DP A MY		c	IP Code		

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		ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Man	rk X in the appropriate boxes. Refer to i	nstructions.)
A. Hazardous Was	ste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 ibs.) b. 100 to 1000 kg/mo (220 – 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1–5 belowards) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Pail 3. Highway 4. Water 5. Other – specely	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner ow) b. Other Marketers c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiller 2. Industrial Boiler 2. Industrial Furnace 5. Underground injection Control	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Markerer c. Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
IX. Description of Regulated Wastes (Use a	additional sheets if necessary)	
	Parts 261.20 - 261.24) Dixicity racteristic (List specific EPA hazardou Characterist	is waste number(s) for the Toxicity tic contaminant(s))
B. Listed Hazardous Wastes. (See 4D CFR 261.3	3 4 4 9 9 10 9 10 10 10 10 10 10 10 10 10 10 10 10 10	5 6 11 12 12 12 12 12 12 12 12 12 12 12 12
C. Other Wastes. (State or other wastes requiring 1 2 X. Certification I certify under penalty of law that I have per and all attached documents, and that in obtaining the information, I believe that that there are significant penalties for imprisonment.	ersonally examined and am familiar with based on my inquiry of those individed the submitted information is true, according to the submitted information is the submitted information is true, according to the submitted info	luals immediately responsible for curate, and complete. I am aware
11 001 1011	ame and Official Title (type or print) (RULD FLETCHEIZ SAFETY COURT	Date Signed
XI. Comments LOCATION IS LEASE BY 1220 WASHING TON KCMO Phone #: 816-221-2200		nesty REPULTY SERVICE